

ISSUE SLIP STAPLE AREA-(for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		9-27-00
O.I.P.E. CLASSIFIER	PL		10/2
FORMALITY REVIEW	H3	545	10-25-00
RESPONSE FORMALITY REVIEW	Zecto	3C-851	12-29-00

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)...	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	
Original	
9	2 7
29	19 9
03	04 04
1	✓ ✓ ✓
2	✓ ✓ ✓
3	✓ ✓ ✓
4	✓ ✓ ✓
5	✓ ✓ ✓
6	✓ ✓ ✓
7	
8	✓ ✓ ✓
9	✓ ✓ ✓
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11	✓ ✓ ✓
12	✓ ✓ ✓
13	✓ ✓ ✓
14	✓ ✓ ✓
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16	✓ ✓ ✓
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20	✓ ✓ ✓
21	✓ ✓ ✓
22	✓ ✓ ✓
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27	✓ ✓ ✓
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41	✓ ✓ ✓
42	✓ ✓ ✓
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45	✓ ✓ ✓
46	✓ ✓ ✓
47	✓ ✓ ✓
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Claim	Date
Final	
Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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